

# REGISTRATION FORM ONLY



(WITHOUT DONATIONS)

Early bird deadline: May 1st, 2014

ALL persons registering and not collecting donations must complete this form.

Photocopy if required. Please print clearly.

PLEASE CHECK ONE:

Adult       Student       Child (under 14 yrs) FREE

CHOOSE YOUR EVENT:

Walk       5 km Run       10 km Run

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Email \_\_\_\_\_

Home Tel. \_\_\_\_\_

Bus Tel. \_\_\_\_\_

Team Name (if applicable) \_\_\_\_\_

Team Captain \_\_\_\_\_

Team Category:  National Sponsor     Corporate     Friends & Family

Cash       Cheque       Visa       MasterCard

Name on card \_\_\_\_\_

Card No. \_\_\_\_\_

Exp. \_\_\_\_\_ / \_\_\_\_\_    Signature: \_\_\_\_\_

Amount Enclosed \$ \_\_\_\_\_

Make cheque payable to Cardiac Health Foundation of Canada

By registering as a participant in the Cardiac Health Foundation of Canada (CHFC) 2014 WALK OF LIFE® (herein referred to as WOL), I agree physical activity and endurance is required. I will comply with any and all instructions given by the event officials. I give the CHFC, its sponsors and their respective affiliates, advertisers, licensees and assigns (collectively CHFC), my irrevocable permission to use and reproduce my image and my name as photographed or otherwise recorded at the WOL, in any manner and in all media in perpetuity. For allowing me to participate in the WOL, I RELEASE and DISCHARGE CHFC and will hold them harmless from any and all claims, injury or expense of any kind which may result from my participation in the WOL, whether resulting from the negligence of CHFC, organizers or otherwise.

Signature \_\_\_\_\_

(Guardian if under 18)